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1	Attorney:	
2		
3	Address:	
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5		
6	Phone Number:	
7	Fax Number:	$0 \cdot \cdot n = 1$
8		They E m
9.		(Signature)
10		α
11		Phillip E TUCKER
12		(Printed or typed Name)
13		
14		
15		(Entity, if any, on whose behalf you are appearing)
16		90 BOX 215
17		SMITH, NV 89430
18		(Address) 775 - 465 - 900 4
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